



Saratoga County Clerk's Office

*Saratoga County Municipal Center
40 McMaster Street, Ballston Spa, NY 12020
Telephone (518) 885-2213 FAX (518) 884-4726*

Instructions for the NYS Firearms Request for Public Records Exemption (opt-out) form.

-You have the option to print out a blank form and handwrite the information or type the information in the empty fields.

-Print, sign and date the form.

-Mail or bring the **original signed** form to the Saratoga County Clerk's office.
We will not be able to accept copies or faxes.

Mailing Address:

Saratoga County Clerk's Office
40 McMaster Street
Ballston Spa, NY 12020

Office hours to hand deliver the form are: 8:00 am to 5:00 pm, Monday - Friday

More information about this process can be found at:

www.troopers.ny.gov/optoutfoil

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: ☐ **an applicant** for a firearms license ☐ **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth _____

Address _____ City _____ State _____

Firearms License # (if applicable) _____ Date Issued _____

Licensing Authority / County of Issuance or Application _____

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: *(check all that are applicable)*

☐ **1. My life or safety may be endangered by disclosure because:**

- ☐ A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- ☐ B. I am a protected person under a currently valid order of protection;
- ☐ C. I am or was a witness in a criminal proceeding involving a criminal charge;
- ☐ D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

☐ **2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below:** *(Must be explained in item 5 below)*

☐ **3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.**

(Please check any that apply)

A _____ B _____ C _____ D _____

☐ **4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.**

5. *(Please provide any additional supportive information as necessary)*

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature

Date